

Case Number:	CM14-0177524		
Date Assigned:	10/31/2014	Date of Injury:	04/18/2011
Decision Date:	12/08/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61-year-old gentleman with a date of injury of 4/18/11. The patient has a history of a slip and fall on wet stairs. Initially, the right arm was mostly affected, but there was pain affecting multiple body parts. The patient is also morbidly obese, weighing 387 pounds at 5'11" of height. MRI was done of the shoulder and did show moderate arthritis, partial thickness tear of the supraspinatus and evidence of an old labral tear. There was also a possible intra-articular loose body. There is no mention of imaging of the hips. On 8/05/14, request was made for fluoroscopic guided steroid injection to the right shoulder joint and bilateral hip joints. There is no discussion of initial failed measures (NSAIDS, PT). Exam on 8/05/14 shows reduced ROM at the shoulder, positive impingement signs and tenderness at the acromion and bicipital groove. No hip exam is recorded. This was submitted to Utilization Review on 9/29/14. This report contains additional prior data. An AME from 8/08/13 recommended exercises for the hip, corticosteroid injection to the shoulders, and possible surgery for the shoulder. NSAIDS were encouraged. Imaging of the hips reportedly shows mild to moderate degenerative joint disease of both hip joints. MRI of the shoulder shows moderate degenerative changes of the glenohumeral articulation. Injection to the left shoulder was denied on a basis of the right shoulder being more symptomatic in submitted reports and no clear documentation of failed conservative care. With regards to the hips, there was also a denial based on no clear documentation of failed conservative measures.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Fluoroscopic guided intra-articular steroid injections bilateral hips: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Intra-articular steroid hip injection

Decision rationale: ACOEM and the CA MTUS do not address intra-articular hip joint injections, therefore, consider ODG. This guideline does not recommend this injection in early hip osteoarthritis. If used for moderately advanced/severe hip OA, it should be used with fluoroscopic guidance. In this case, the patient has moderate DJD at both hips. AME recommendations include conservative care, encouraging use of NSAIDS. Prior to consideration of intra-articular steroid injection to the hips, the patient should have failed initial conservative non-invasive measures, such as PT and NSAIDS. Submitted reports do not discuss initial conservative measures prior to consideration of intra-articular injections. Fluoroscopic bilateral hip intra-articular injections x 1 are not medically necessary until there is clear documentation.

1 Fluoroscopic guided intra-articular steroid injections left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Steroid injections

Decision rationale: ACOEM Guidelines state that corticosteroid injection may be indicated if symptoms persist after trials of conservative care. As the glenohumeral joint would be a significantly more challenging injection placement, fluoroscopy is reasonable. In this case, there is no discussion of previous conservative measures prior to consideration of a fluoroscopic glenohumeral injection. There is no documentation of prior PT, NSAID or of subacromial injection. The patient also has impingement syndrome, and symptoms may be greatly alleviated, perhaps completely alleviated with a simpler injection to the subacromial space. Finally, there is documentation of symptoms affecting the RIGHT shoulder more than the LEFT in the August report, so it is unclear why a LEFT injection is requested. Medical necessity of an intra-articular fluoroscopic injection to the left shoulder is not established.